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Automatic Sprinkler Systems Inspection, Testing, and Maintenance of Dry Pipe Sprinkler Systems

Property Name: _____ Inspector: _____

Property Address: _____ Contract No.: _____

Phone Number: _____ Date: _____

This Report Covers: Monthly Quarterly Annual
 Three-Year Five-Year

Inspections

Monthly

Yes No N/A Gauges—normal air and water pressure maintained

Control Valves

Yes No N/A In the correct (open or closed) position

Yes No N/A Sealed, locked, or supervised

Yes No N/A Accessible

Yes No N/A Free from damage or leaks

Yes No N/A Proper signage

Dry Pipe Valves

Yes No N/A Exterior is free of damage, trim valves are in correct open or closed position, and intermediate chamber is not leaking

Quarterly

Yes No N/A Alarm devices—free of damage

Yes No N/A Hydraulic data nameplate—securely attached to riser/legible

Fire Department Connections

Yes No N/A Visible and accessible

Yes No N/A Coupling/swivels operate correctly

Yes No N/A Plugs/caps are in place

Yes No N/A Gaskets are not damaged

Yes No N/A Identification signs are in place

Yes No N/A Ball drip is functional

Yes No N/A FDC clapper is functional

Pressure Reducing Valve

Yes No N/A In the open position/not leaking

Yes No N/A Maintaining downstream pressure

Yes No N/A In good condition

Form 5

Annual

Sprinklers

- Yes No N/A No damage or leaks
- Yes No N/A Free of corrosion, foreign material, or paint
- Yes No N/A Installed in proper orientation
- Yes No N/A Fluid in glass bulbs
- Yes No N/A Spare sprinklers—proper number and type. Complete with wrench?
- Yes No N/A Hangers and seismic bracing—not damaged or loose

Pipes and Fittings

- Yes No N/A In good condition/no external corrosion
- Yes No N/A No leaks or mechanical damage
- Yes No N/A Correct alignment—no external loads
- Yes No N/A Dry pipe valve interior—following trip test
- Yes No N/A Building—prior to onset of freezing weather—all openings are closed, no water-filled pipe is exposed to freezing temps

Five-Year

- Yes No N/A Obstruction inspection—no foreign or obstructing material found
- Yes No N/A Check valve—internal moves freely, in good condition
- Yes No N/A Dry pipe valve strainers, filters, and orifices internal inspection

Test

Quarterly

- Yes No N/A Alarm devices—water motor gong
- Yes No N/A Main drain test—if the sole supply is through a backflow preventer or pressure reducing valve
- Static psi _____ Residual psi _____
- Yes No N/A Do results differ by more than 10% from previous test?
- Yes No N/A Priming water—test level
- Yes No N/A Low air alarm—test per manufacturer’s instructions
- Yes No N/A Quick opening device tested

Semi-Annual

- Yes No N/A Supervisory switch functions
- Yes No N/A Alarm devices—inspectors test or bypass opened/obstructed waterflow

Annual

- Yes No N/A Main drain test Static psi: _____ Residual psi: _____
- Yes No N/A Do results differ by more than 10% from previous test?
- Yes No N/A All control valves operated through full range of motion and returned to normal position.

Form 5

Dry pipe valve trip test (partial flow)

Water pressure _____

Air pressure _____

Tripping air pressure _____

Trip time _____ (sec)

Yes No N/A Results comparable to previous tests

Yes No N/A Backflow preventer—backflow test

Yes No N/A Backflow preventer—flow test

Three-Year

Yes No N/A Dry pipe valve—full flow trip test

Water pressure _____

Air pressure _____

Tripping air pressure _____

Trip time _____ (sec)

Water delivery time _____ (min.) _____ (sec)

Yes No N/A Results comparable to previous years

Five-Year

Yes No N/A Gauges tested or replaced

Yes No N/A Pressure reducing valve—flow test and comparable to previous results

Routine Maintenance

Yes No N/A Sprinklers tested or replaced per appropriate testing schedule

Comments:

Overall System Status

Satisfactory Unsatisfactory

Signature: _____ Date: _____

License/Certification No.: _____